

REQUEST FOR QUOTATIONS <i>(THIS IS NOT AN ORDER)</i>		This RFQ [] is [] is not a small business-small purchase set-aside (52.219-4)			PAGE OF PAGES 1 29	
1. REQUEST NO.	2. DATE ISSUED	3. REQUISITION/PURCHASE REQUEST SID320-10-Q-0077	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG.1 →	RATING		
5A. ISSUED BY Contracting Office - US Embassy Jakarta Jalan Merdeka Selatan No. 5 Jakarta 10110			6. DELIVER BY <i>(Date)</i>			
5B. FOR INFORMATION CALL: <i>(Name and telephone no.,) (No collect calls)</i> Tracy Harding Phone: 3435-9080			7. DELIVERY <div style="display: flex; justify-content: space-between;"> ✕ FOB DESTINATION <input type="checkbox"/> OTHER <i>(See Schedule)</i> </div>			
8. TO: NAME AND ADDRESS, INCLUDING ZIP CODE			9. DESTINATION <i>(Consignee and address, including ZIP Code)</i>			
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE ON OR BEFORE CLOSE OF BUSINESS <i>(Date)</i> April 21 st , 2010		11. BUSINESS CLASSIFICATION <i>(Check appropriate boxes)</i> a. Standard Industrial Classification Code _____ <input type="checkbox"/> SMALL <input type="checkbox"/> OTHER THAN SMALL <input type="checkbox"/> DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED b. Small Business Size Standards _____				
IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter.						
12. SCHEDULE <i>(Include applicable Federal, State, and local taxes)</i>						
ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	
	To provide court monitoring services. In accordance with the attached Solicitation SID320-10-Q-0077; award is in the Minimum amount indicated herein. Per session rate	60	Ea			
13. DISCOUNT FOR PROMPT PAYMENT →		10 CALENDAR DAYS %	20 CALENDAR DAYS %	30 CALENDAR DAYS %	CALENDAR DAYS %	
NOTE: Additional provisions and representations [] are [] are not attached.						
14. NAME AND ADDRESS OF QUOTER <i>(Street, city, country, State, and ZIP Code)</i>			15. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		16. DATE OF QUOTATION	
			17. NAME AND TITLE OF SIGNER <i>(Type or print)</i>		18. TELEPHONE NO. <i>(Include area code)</i>	

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